Petitioner's Name:	
Address:	
City, State, Zip Code:	
Telephone Number:	
Attorney's Bar Number (if applicable):	
Representing Self or Attorney for	

SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of (check one or both) A Protected or Incapacitated

Case Number:

RECEIPT OF RESTRICTED FUNDS BY A FORMER PROTECTED PERSON

a Minor

Notice to Conservator: Mail this signed and notarized receipt to Clerk of Superior Court within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and provide a copy to the former minor.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

Name of financial institution(s) that held the funds	Date Received	Amount
		\$
		\$
		\$
		\$
TOTAL AMOUNT RECEIVED:		\$

UNDER OATH OR BY AFFIRMATION: I swear or affirm that the contents of this document are true and correct to the best of my knowledge and belief, under penalty of perjury.

Date			Signature of Former Protected Person	
Affirmed before me this:		by		
	(Date)		Printed Name	
My Commission Expires/Seal (below):				
			Deputy Clerk or Notary Public	